

From an early age, nature was Nick's solace. He enjoyed camping, hunting and fishing. After graduating high school, he worked as a hunting guide in Wyoming for a couple of seasons tracking elk, mule deer, and antelope. During that time, he hunted and fished in Alaska, British Columbia and Canada. He encountered some challenges in the wild but he had good survival skills and could think on his feet.

Nick's father owned a construction business and when Nick returned home he started working for his dad. Nick was a natural and his father had hopes of passing his business on to him someday.

One day, Nick hurt his shoulder while playing a casual game of football and eventually had to have surgery. During his recovery, the doctor prescribed semi-synthetic opioids. After completing the prescribed dose, Nick sought out supplemental prescription medication on the street. When illegal prescriptions became too costly, Nick turned to heroin.

Nick kept his addiction hidden. His family and closest friends remained clueless about his struggle. He was never in trouble with the law and didn't miss work. Nick came home for family meals and was rarely out late. He was always an honest kid, so when Nick told his family something, they believed him.

Slowly, some of Nick's behaviors changed. He became moody. He often asked for his paycheck early, kept coming down with flu-like symptoms and started acting depressed. His family didn't understand what was going on and when they asked, Nick said he had a 24-hr bug.

In retrospect, Nick's family thinks that his opioid drug use went on for at least a couple of years undetected. Eventually, the signs became too apparent and when his family confronted Nick, he said he desperately wanted and welcomed help. Nick told them, "I have a serious drug problem and I can't control it."

After a couple phone calls, Nick was placed in a local 30-day treatment program in December 2013. Nick's 30-day program consisted of detox and 12-Step-based therapy. Nick was a good student; he learned about his disease, engaged in discussions with counselors and other residents, and helped others who were also struggling with their addiction.

During this time, his family explored more extensive treatment and recovery programs. They wanted to provide Nick with the best possible education and clean living environment to help him turn his life around. Nick agreed to participate in a 90-day inpatient private pay recovery house and was transported to the facility upon completion of the 30-day program.

Nick also worked hard in the 90-day inpatient program and was praised again by counselors. Eventually, he was given some increased responsibilities that involved speaking with and engaging other residents. He was given the opportunity to speak at another facility and had been selected as an interview candidate by CNBC for a segment they were developing on opioid addiction and recovery houses. His family was encouraged by his progress. When the day finally came for Nick to return home, he was welcomed with open arms.

After being home for just three weeks and one day, Nick's disease fooled him into using—"just one more time." Thinking they can use just once, or on occasion, without having the same physical reaction as they did before is common problem for people with a substance abuse disorder. This warped misconception, accompanied by a completely clean body, often leads to overdose or death. The body physically cannot tolerate the same dosage the person was taking to get high before getting clean.

On Thursday evening, April 24, 2014, Nick was supposed to go to an outpatient group and then a meeting. He came home late—but, "looked OK," according to his father. Nick retired to his room and injected crushed Oxycodone before going to bed. When he fell asleep his lungs stopped and his body shut down. His parents found him dead the following morning. Nick was 31.

RECOGNIZING THE RETIREMENT OF MRS. SYLVIA L. HERNANDEZ

HON. HENRY CUELLAR

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, December 8, 2016

Mr. CUELLAR. Mr. Speaker, I rise today to recognize Mrs. Sylvia L. Hernandez, Regional Administrator for the U.S. General Services Administration's (GSA) Greater Southwest Region, who will be retiring after 38 years of service.

Mrs. Hernandez was born on May 31, 1956 in Deming, New Mexico. She attended Deming High School and eventually received her Bachelor of Arts degrees from New Mexico State University and the University of Texas at Arlington. She also earned a Master's Certification in Telecommunications Management from the University of Dallas, Texas. After college, Mrs. Hernandez would soon join the GSA, starting a career that expanded over three decades.

Mrs. Hernandez's hard work and dedication at GSA allowed her to serve in several important capacities throughout her time in the organization. She served as Director for the Technical Services Division, Federal Acquisition Service (FAS), in the GSA Greater Southwest Region. In addition, she served as the Acting Deputy Regional Administrator for the Greater Southwest Region. Mrs. Hernandez's experience eventually led her to be appointed as the Acting Regional Administrator for the GSA's Greater Southwest Region, through which she oversaw all of GSA's activities in Arkansas, Louisiana, New Mexico, Oklahoma and Texas as the Regional Administrator. Mrs. Hernandez's success with GSA earned her the prestigious FAS Commissioner's Award.

Mrs. Hernandez will now get to spend more time with what she values most: her family, which includes her husband of 38 years, their children, Claudia Hernandez and Eloy Hernandez, and grandchildren.

Mr. Speaker, I am pleased to recognize the service of Mrs. Sylvia L. Hernandez whose dedication to work and family serves as a model for us all.

IN RECOGNITION OF OUR LADY OF MOUNT CARMEL

HON. CAROLYN B. MALONEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, December 8, 2016

Mrs. CAROLYN B. MALONEY of New York. Mr. Speaker, I rise to recognize The Parish of Our Lady of Mount Carmel on the occasion of its 175th anniversary. I am pleased to recognize their continued dedication to maintaining one of the oldest parishes in Queens and all of Long Island.

Since its founding in 1841, Our Lady of Mount Carmel has been devoted to welcoming all members of the community. The Parish celebrates the rich Queens Borough culture through educational programs and monthly festivities. This has earned it the title "Mother Church of Queens County."

Mount Carmel is one of the few parishes in New York City that has its own parish cemetery. Their cemetery reflects the heritage of the early Irish Catholic settlers of Astoria, many of who arrived there to escape Ireland's potato blight of the late 1840s. Our Lady of Mount Carmel was also the first Catholic community in Queens County to have a resident priest, and the first to conduct Mass in its own church building.

Along with English language services, the Parish has performed masses in Spanish since 1977 and has added services in Czech and Slovak as well.

Additionally, the Parish has made significant efforts to improve the community through religious and educational programs. They accomplished this by establishing religion classes for mentally disabled and physically challenged students, religion classes for junior high school students, adult religious education programs, a teen club, and children's summer programs. The Parish has also established the Young Adult Internship Program, a job-training program for unskilled youth that teaches valuable workplace skills to roughly 35 students per semester, resulting in more employment opportunities within the neighborhood.

The Parish has devotedly served its Queens community for 175 years, and it is a pleasure to represent this treasured institution in Congress. I am proud to salute all the friends, supporters, and parishioners of Our Lady of Mount Carmel, and I extend my sincerest appreciation for their dedication to the community.

Mr. Speaker, I ask my colleagues to join me in celebrating the remarkable history and extraordinary work of the Parish of Our Lady of Mount Carmel on its 175th anniversary.

TRIBUTE TO THE DES MOINES AREA RELIGIOUS COUNCIL FOOD PANTRY NETWORK IN THE SEC- OND SESSION OF THE 114TH CON- GRESS

HON. DAVID YOUNG

OF IOWA

IN THE HOUSE OF REPRESENTATIVES

Thursday, December 8, 2016

Mr. YOUNG of Iowa. Mr. Speaker, I rise today to recognize the Des Moines Area Religious Council (DMARC) Food Pantry Network for their 40 years of service to the food insecure citizens of central Iowa.

DMARC was founded in 1952 to assist the spiritual needs of the community and to promote moral, social and civic welfare to our fellow man and woman. In May 1976, DMARC officials established the Food Pantry Network, an emergency food program to help provide services to those in need. In the 40 years since its creation, it has become the largest food pantry network in Iowa, with 11 sites in the Des Moines metropolitan area, including some sites in the Des Moines Independent School District, helping to feed 34,000 people

annually. The Food Pantry Network is comprised of 128 member congregations representing a variety of faiths. These willing volunteers provide the much needed food and service hours. In addition to its faithful volunteers, the Food Pantry Network also benefits from the very generous donations and assistance of individuals, businesses, and non-member congregations.

Mr. Speaker, I commend The Des Moines Area Religious Council Food Pantry Network on their 40 years of service to food insecure citizens of Central Iowa. Their vital assistance over the last 40 years has given families the certainty they need as they struggle to provide themselves and their children with a warm meal in the comfort of their own home. I ask that my colleagues in the United States House of Representatives join me in congratulating the Food Pantry Network on this outstanding accomplishment and in wishing them nothing but continued success.

RECOGNIZING FAMILIES AFFECTED BY THE NATIONAL OPIOID EPIDEMIC

HON. ANN M. KUSTER

OF NEW HAMPSHIRE

IN THE HOUSE OF REPRESENTATIVES

Thursday, December 8, 2016

Ms. KUSTER. Mr. Speaker, it is my honor to include in the RECORD today the personal stories of families from across the country that have been affected by the opioid and heroin epidemic. In the U.S. we lose 129 lives per day to opioid and heroin overdose. In my home state of New Hampshire I have learned so many heartbreaking stories of great people and families who have suffered from the effects of substance use disorder.

Earlier this year, my colleagues and I were joined by many of these courageous families who came to Washington to share their stories with Members of Congress and push for action that will prevent overdoses and save lives. Since then, we passed both the Comprehensive Addiction and Recovery Act and the 21st Century Cures Act to provide much needed funding and critical policy changes to fight this epidemic.

The advocacy of these families truly is so important to leading to change in Washington and I am proud to preserve their stories.

JOHN RICHARD PAGE—GLOUCESTER, MASSACHUSETTS

John Richard Page was a blond-haired, blue-eyed boy who loved playing in the woods and catching any critter that crossed his path. He was a ball of energy: curious, adventurous and fast! The kids in the neighborhood called him "Scrawny Johnny," because by the day's end he'd burnt off every calorie consumed—and some. He could be reckless, too. One time he bolted across the street without looking and got bumped by a car. He landed under the bumper just inches from the tires. Another time John was stuck in a tree hanging upside down from one boot.

As the teenage years rolled in, John started to get in some trouble. It seemed like he was always at the wrong place at the wrong time. He tended to take things to the limit, if he did something he did it all the way. John and his sister fought all of the time at this point.

When John and his sister stopped showing up at school, a Child In Need of Services

(CHINS) action was filed and my mother was told that because she couldn't control her kids they should be placed elsewhere. John's sister was almost 15 and ended up living in three different foster homes. John, who was only twelve, was placed in Juvenile Detention Centers around Boston. John quickly learned how to manipulate the system; if he got tired of being there or afraid of a particular social situation, he would act out—say he heard voices or was suicidal—and they would transfer him to a mental hospital and put him on medication. The swing between hospital and detention center went on for about five years.

When John returned home, little by little his family learned what had happened during his time away. John got in fights that were so severe that he had to have various MRI's to ensure that he didn't have a brain injury. He was abused by the staff. He was treated like a guinea pig at the mental hospital and put on a variety of powerful medications. John's experience changed him forever. He came back furious, distrustful, and reliant upon substances for emotional relief.

Despite being very bright, John never received his GED and had trouble getting work. He could fix any vehicle or cell phone. He could build with wood but preferred intricate projects that focused on small detail with a lot of parts. His sister thinks that's what John's mind felt like—a mix of gears, buttons, wires, sensors, nuts & bolts constantly being reassembled. He was also a talented artist.

John found peace while camping in the White Mountains in Lincoln, NH. He also found peace alone in his apartment with heroin. His sister tried everything she could to help him get better. At one point in time, when John was being treated with suboxone, his sister would drive 40 minutes to pick him up and take him to all of his doctor appointments. Sometimes John's girlfriend came along and when she did she always sat up front and answered questions that were directed towards John. When John's sister asked him why he sat in the back, he said, "Heidi, I just didn't want you to see me this way."

John made some attempts to get better. Once he tried to check himself into detox but was turned away because he didn't test positive for heroin. This meant John was injecting pure fentanyl. John and his girlfriend tried to detox together by coming to stay with his sister and her boys after Christmas 2015. She left after one day, but John stayed for 11 days. John wasn't too sick. His sister bought him an assortment of comfort medications and looked up a slew of at-home detox ideas. They went tanning. John got a haircut. John's sister did his laundry and bought him a new outfit. Over the course of those days, John apologized often and spent a lot of time hanging out with his nephews. John's sister took tons of pictures during his stay—she was running on hope.

During that time, John found out that his girlfriend of 2½ years didn't leave just because she wasn't ready to get better, but also because she was seeing someone else—the father of his youngest nephew. John was devastated, although he wouldn't admit it. His sister took him to a court appointment and then to a doctor's appointment. After those appointments, John wanted to go home. His sister thought John's decision was the wrong decision but she couldn't physically restrain him.

John's sister talked to him on the phone the night John went home as well as the next night. The following night, John made plans to see his ex-girlfriend. John's ex-girlfriend called John's sister at midnight but wasn't making any sense. John's sister hung up and dialed 911, where she was trans-

ferred to the Marblehead police department who took her information and told her told she would get a call back. A minute later, Detective Brendan Finnegan called John's sister and said six words that haunts her daily: "I am sorry for your loss." John's sister fell to the floor and couldn't speak. Her 7 year old son was still awake. He shut off the oven, grabbed two pot holders and ever so carefully took the banana bread out of the oven. He placed it on top of the stove and sat down next to her on the floor, holding my hand.

John's sister misses her brother every single day. On some days she is angry, on others she is sad. John's mother is forever broken. John's middle nephew lost his dad the same way three years before "Uncle Johnny's" death. When the nephew found out, he punched a hole in the bathroom wall, sobbed uncontrollably, swore, kicked the trash barrel until it broke and when he was exhausted just cried in his mother's arms.

John's family has used this awful experience to help teach and educate others about how serious this problem is. Their family will never be OK. Losing a loved one has been the hardest thing John's family has ever experienced. John was 33 years old when he passed away on January 29, 2016.

JOHN M. PERKINS, JR.—NEWARK, DELAWARE

John's mother was thrilled when her first child was a boy. She named him John after his father and grandfather. He was an adorable, active baby who climbed out of his crib early and managed to get into everything. That amazing store of energy never left him; John always pushed to do a little bit better, run faster, jump higher. He did well in school and was the life of the party.

When John got to college, a series of stressful events lead him to begin experimenting with drugs with friends at "pill parties" (various kinds of drugs are tossed into a bowl and taken at random). He began using opiate pain relievers like Percocet and Oxycontin.

John and his mother had a close relationship and she was shocked when she found out that he was addicted to drugs. "He was smart and had his whole life ahead of him," she said. "I couldn't believe this was happening to us. I felt scared and alone." Liz spent every waking minute trying to get him help and educating herself about the disease of addiction.

During a period of sobriety, John came home one night upset because someone had hit his parked car. His mother tried to calm him down, but he was inconsolable and went straight to his room. When his mother heard his car pulling out of the driveway minutes later, her stomach sank. The next morning John said, "Mom, I fucked up again." Despite being furious and terrified, his mother held him and told him that she loved him and that he would have to fight addiction for the rest of his life. She was right there with him.

A few days later, John's mother got a call from John's girlfriend who was in hysterics. She had come home from work and found John unconscious on the bathroom floor. She called 911 and an ambulance had taken him to the hospital. Liz and her husband rushed to the ER but it was too late to say goodbye. John was on life support for 36 hours before being pronounced dead on May 5, 2011. He was only 30 years old.

When Liz lost John, her life lost all of its meaning but her other child and husband helped her to carry on. According to Liz, losing a child to a drug overdose is made all the more difficult because the sympathy that most parents receive after going through such a loss is too often replaced with judgement, accusations, and silence.